



Testimony by  
Steven Levine, M.D.  
H.B. No. 6025 AN ACT ALLOWING MEDICAL ASSISTANTS TO  
ADMINISTER MEDICATION

February 22, 2017

Good Afternoon Senator Gerrantana, Senator Somers, Representative Steinberg, Representative Srinivasan and other distinguished members of the Public Health Committee. I am Steven Levine MD, a board certified Otolaryngologist practicing in Trumbull, CT. I am here as Past President of the CT Ear Nose and Throat Society to represent the over 1000 physicians in the medical specialties of Otolaryngology, Ophthalmology, Dermatology, and Urology. On behalf of this group of dedicated physicians, we thank this committee for the opportunity to comment on HB 6025.

As some of you likely recall, this bill was brought before this committee in 2014, 2015 and 2016 in different forms. In 2016 the bill contained broad language that our societies could not support, although we do support the premise that physicians should be allowed to delegate certain medical tasks, i.e. administration of specific medications to certified medical assistants with adequate training, under the direct supervision and responsibility of the physician. Since HB 6025 appears to be a concept bill we felt it would be most helpful to this committee if we provided key points which are of paramount importance to ensure the safety and quality of care for our patients. These essential points must be included in order for us to support this piece of legislation.

➤ The language of this bill should be more specific about the permissible medication administration by certified medical assistants “under the order of a licensed health care provider” by a variety of routes including “administration of medication orally, by inhalation or by intramuscular, intradermal or subcutaneous injection, including, but not limited to, the administration of a vaccine”, as it was proposed in 2016. This very broad statement needs to be more focused on the scope of intended medications.

- A medical assistant's period of training should be specified and agreed upon by the DPH, State Medical Society and Nursing Board, and a record of this training should be kept on the premises of the physician or nurse who has approved of the training. This is similar to legislation which was passed for ophthalmology medical assistants.
- The bill should require that the certified medical assistant be under the direct supervision of a physician or APRN, not "any health care provider". A wide variety of health care providers have gained full or limited prescriptive authority in recent years. While we respect the contributions they make to health care in Connecticut, patient safety demands that the proper health care providers are granted supervisory authority.
- The bill should only allow for very specific types of medicine, such as vaccines, with requirements for appropriate training and knowledge, and that the responsibility for this delegation of authority is under the medical liability of the licensed supervising physician or APRN.

In conclusion, it is important that we preserve adequate safe guards and oversight for all assistants who administer medications to patients. We further encourage a full evaluation regarding the details of optimal implementation of this policy to ensure safe and appropriate care for the patients in Connecticut.